



VERIFICATION OF COLLEGE VISIT

STUDENT'S NAME: _____

NAME OF COLLEGE(s): _____

DATE(s) OF VISIT(s): _____

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT _____

FOR COLLEGE ADMISSION REPRESENTATIVE COMPLETION:

Please attach a business card or an office-generated visit verification letter to this form.

SIGNATURE OF REPRESENTATIVE _____

NAME OF REPRESENTATIVE (PRINT) _____

TITLE _____ DATE _____

PHONE NUMBER _____ EMAIL _____

This form must be returned to Berks Catholic High School on the first school day after the visit.

All work missed must be made up.

BERKS CATHOLIC HIGH SCHOOL

Christ-Centered Academic Excellence

Updated 9 / 9 / 2020

Planned Absence Form

From: Parents of _____

To: Attendance Office – Berks Catholic High School

Our child will be absent from school on the below listed dates for the listed reason. We understand that the school strongly urges us to make vacation arrangements for periods when classes are not in session. We understand that it is often quite difficult for students to make up what they miss since many of the classes require note taking and homework to reinforce the material. It has been made clear that when a student is absent from school for twenty days or longer, except for special medical conditions, he or she may be liable for mandatory attendance at summer school or special make-up assignments. For Seniors – participation in commencement exercises could be jeopardized. *Furthermore, we understand that students are required to make up all work they miss as a result of missing class. Failure to do so may jeopardize a student's academic standing.*

Date(s) Absent from class: _____

Reason for missing school:

Family Vacation College Visit Medical School Sponsored Event Home Country

Details: _____

Parent Signature: _____ Student Signature: _____

Period	Teacher's Signature	Period	Teacher's Signature
1	_____	5	_____
2	_____	6	_____
3	_____	7	_____
4	_____	8	_____

Please return completed form to the Main Office PRIOR to the date of your absence(s).